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B22A (Official Form 22A) (Chapter 7) (12/10)

In re Nicole Marsh		
Deb	or(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
(If know	1)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
1	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	NTHLY INCO	M	E FOR § 707(b)(7) E	EXCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
2	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.					art other than				
	c. 🔲	Married, not filing jointly, without the decl "Debtor's Income") and Column B ("Spot					.b a	bove. Complete	botl	n Column A
		Married, filing jointly. Complete both Co					("S	pouse's Income') fo	r Lines 3-11.
		gures must reflect average monthly income re lar months prior to filing the bankruptcy case						Column A		Column B
		ing. If the amount of monthly income varied						Debtor's		Spouse's
		onth total by six, and enter the result on the a						Income		Income
3	Gross	wages, salary, tips, bonuses, overtime, con	nm	issions.			\$	2,795.94	\$	
4	enter t busine not en	the from the operation of a business, profess the difference in the appropriate column(s) of the appropriate	Liı ers	ne 4. If you operate and provide details	e r	nore than one n an attachment. Do				
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary business expenses Business income	Ψ	0.00 btract Line b from	_		\$	0.00	2	
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.				Do not include any V. Spouse					
	b.	Ordinary and necessary operating expenses	\$	0.00) {	,				
	c.	Rent and other real property income	Su	btract Line b from	Li	ne a	\$	0.00	\$	
6	Intere	est, dividends, and royalties.					\$	0.00	\$	
7	Pensi	on and retirement income.					\$	0.00	\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that			ort paid for that ounts paid by your d in only one column;	\$	200.00	\$			
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				or your spouse was a					
		penployment compensation claimed to penefit under the Social Security Act Debtor	r \$	0.00 Sp	ou	se \$	\$	0.00	\$	
10	Debtor Spouse									
	a. b.		\$		9					
		and antar on Lina 10	φ	L	Į	,	_e	0.00	¢.	
		and enter on Line 10	.)(-) A 1111 2 2 3		0: 01 4 1	\$	0.00	\$	
11		tal of Current Monthly Income for § 707(I umn B is completed, add Lines 3 through 10					\$	2,995.94	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	2,995.94
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 35,951.28
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 3	\$ 62,776.00
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 	not arise" at

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	ATION OF CUR	RRENT	MONTHLY INCO	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines below spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zerological.	regular basis for the ow the basis for excl support of persons courpose. If necessary	househo uding th other tha	ld expenses of the debtor of e Column B income (such in the debtor or the debtor's litional adjustments on a second secon	r the debtor's as payment of the dependents) and the	
	d. Total and enter on Line 17			\$		\$
18	Current monthly income for § 70	7(b)(2). Subtract Lie	ne 17 fra	um Line 16 and enter the re	sult	\$
10	-			EDUCTIONS FROM		·
				s of the Internal Reven		T
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$		
National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line al by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older						
	a1. Allowance per personb1. Number of persons		a2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$			

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.					
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$			
	Local Standards: transportation; vehicle operation/public transpo	rtotion avnanca	Ψ			
22A	You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	f whether you pay the expenses of operating				
	A □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
23	☐ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
		Subtract Line b from Line a.	\$			
24	and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. tary 401(k) contributions.	\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative aginclude payments on past due obligations included in	Enter the total monthly amount that you are required to ency, such as spousal or child support payments. Do not Line 44.	\$		
29	Other Necessary Expenses: education for employmer Enter the total average monthly amount that you actually and for education that is required for a physically or me education providing similar services is available.	y expend for education that is a condition of employment	\$		
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and processing the control of the co		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonal dependents.	Savings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your			
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or				
	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional				

38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				
39	Additional food and clothing expense expenses exceed the combined allowa Standards, not to exceed 5% of those or from the clerk of the bankruptcy coreasonable and necessary.	nces for food and clothing (apparel an combined allowances. (This information	d services) in the IRS on is available at www	National w.usdoj.gov/ust/	\$
40	Continued charitable contributions, financial instruments to a charitable or			e form of cash or	\$
41	Total Additional Expense Deduction	ns under § 707(b). Enter the total of l	Lines 34 through 40		\$
		Subpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$	☐ yes ☐ no	
			Total: Add Lines		\$
43	Other payments on secured claims. motor vehicle, or other property neces your deduction 1/60th of any amount payments listed in Line 42, in order to sums in default that must be paid in or the following chart. If necessary, list a Name of Creditor a.	sary for your support or the support of (the "cure amount") that you must pay of maintain possession of the property. If der to avoid repossession or foreclosure	f your dependents, you the creditor in addition. The cure amount wou ire. List and total any	u may include in on to the ld include any	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as				
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.				
45	issued by the Executive Offic information is available at wy the bankruptcy court.)	napter 13 plan payment. strict as determined under schedules e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk of ive expense of Chapter 13 case	x Total: Multiply Line	os a and h	\$
16				es a and b	\$
40	46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. Subpart D: Total Deductions from Income				
47	I	-			\$
47	Total of all deductions allowed under			FION	Ψ
10	Т	ETERMINATION OF § 707(b)		HON	¢.
48	Enter the amount from Line 18 (Cu Enter the amount from Line 47 (To	•			\$ \$
サノ	Line in amount non Line 4/ (10)	an or an acaachons anowed under S	, , U / (U / (4/)		I D

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 ar	nd enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 result.	by the number 60 and enter the	\$
	Initial presumption determination. Check the applicable box and proceed as direct	ected.	
	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumstatement, and complete the verification in Part VIII. Do not complete the remaind		page 1 of this
52	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for 'statement, and complete the verification in Part VIII. You may also complete Part		
	\square The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co 55).	omplete the remainder of Part VI	Lines 53 through
53	Enter the amount of your total non-priority unsecured debt		\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable box and proceed as	s directed.	
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box 1 of this statement, and complete the verification in Part VIII.	for "The presumption does not ar	ise" at the top of page
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may all		otion arises" at the top
	Part VII. ADDITIONAL EXPENSE (CLAIMS	
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in of you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure each item. Total the expenses.	m your current monthly income u	nder §
	Expense Description	Monthly Amou	nt
	a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
-	Total: Add Lines a, b, c, and d	\$	
	Part VIII. VERIFICATION		
	I declare under penalty of perjury that the information provided in this statement is <i>must sign</i> .)	s true and correct. (If this is a join	t case, both debtors
57		: /s/ Nicole Marsh	
		Nicole Marsh (Debtor)	

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2012** to **09/30/2012**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

6 Months Ago:	04/2012	\$2,450.87
5 Months Ago:	05/2012	\$2,489.65
4 Months Ago:	06/2012	\$3,821.09
3 Months Ago:	07/2012	\$2,683.07
2 Months Ago:	08/2012	\$2,630.96
Last Month:	09/2012	\$2,700.00
-	Average per	\$2,795.94
	month:	

Line 8 - Child support income (including foster care and disability)

Source of Income: Child Support

Income by Month:

6 Months Ago:	04/2012	\$200.00
5 Months Ago:	05/2012	\$200.00
4 Months Ago:	06/2012	\$200.00
3 Months Ago:	07/2012	\$200.00
2 Months Ago:	08/2012	\$200.00
Last Month:	09/2012	\$200.00
_	Average per	\$200.00
	month:	